

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/		/			
2		/		/			52	/		/			
3		/		/			53	/		/			
4		/		/			54	/		/			
5			/				55	/		/			
6			/				56	/		/			
7			/				57	/		/			
8			/				58	/		/			
9			/				59	/		/			
10			/				60	/		/			
11			/				61	/		/			
12			/				62	/		/			
13			/				63	/		/			
14			/				64	/		/			
15			/				65	/		/			
16			/				66	/		/			
17			/				67	/		/			
18			/				68	/		/			
19			/				69			/			
20			/				70			/			
21			/				71			/			
22			/				72			/			
23			/				73			/			
24			/				74			/			
25			/				75			/			
26			/				76			/			
27			/				77						
28			/				78						
29			/				79						
30	2		/				80						
31	2		/				81						
32	2		/				82						
33	2		/				83						
34	2		/				84						
35	1		/				85						
36	2		/				86						
37	1		/				87						
38	1		/				88						
39	1		/				89						
40	1		/				90						
41	1		/				91						
42	2		/				92						
43	2		/				93						
44	2		/				94						
45	1		/				95						
46	1		/				96						
47	1		/				97						
48	1		/				98						
49	1		/				99						
50	1		/				100						
TOTAL IND.			↓			↓			↓			↓	
TOTAL DEP.			←			←			2	↓	↓	↓	
TOTAL CLAIMS			██████████			██████████			74	←	74	←	
									76	██████████	██████████	██████████	

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